

**INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY
MORTGAGE CREDIT CERTIFICATE
2016 PROGRAM REGISTRATION FORM**

I/WE will participate in the Mortgage Credit Certificate Program administered by the Indiana Housing and Community Development Authority ("IHCD").

COMPANY NAME _____

CLOSING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____
(NUMBER YOU WISH BORROWERS TO CALL) (NUMBER YOU WISH IHCD TO FAX TO)

Please list below the name of the person from your organization to whom program information, correspondence, and telephone inquiries from IHCD should be directed.

CLOSING CONTACT NAME _____

CLOSING CONTACT PHONE # _____ FAX# _____

CLOSING CONTACT EMAIL ADDRESS _____
(An email address is required)

Please note that the contact person will be responsible for providing everyone in your office with access to IHCD online. IHCD will not provide usernames or passwords to anyone other than the contact person listed above.

ONLINE USERNAME _____

ONLINE PASSWORD _____

DATE COMPANY AUTHORIZED OFFICER'S SIGNATURE

Indiana Housing and Community Development Authority hereby acknowledges the above named company as a registered participating lender in the Mortgage Credit Certificate Program.

DATE J. JACOB SIPE, EXECUTIVE DIRECTOR